

PROPOSAL FOR INSURANCE AGAINST FIRE

1. Full Name of Proposer:

2. Postal Address:

a. Tel:

Fax:

b. Email:

www:

3. Occupation/Business:

4. Contact Person:

Mobile:

5. Where is the Property situated?

6. What is the nature of construction:

a. Walls:

b. Roof:

7. Describe in full the nature of activity to be carried out in the premises:

8. Provide the values of the properties to be covered below:

SUM INSURED

a. The buildings including offices, outhouse, fixtures and fittings.....

i. Fence wall surrounding the building.....

b. Rental Value (..... months).....

c. Plant and machinery.....

i. Office equipment.....

d. On stock of wholesale merchandise therein.....

i. Stock of retail merchandise contained therein.....

ii. Stock of raw materials.....

e. Miscellaneous as described

TOTAL SUM INSURED

9. Is Merchandise of a hazardous description stored in the Building(s) proposed to be insured such as:

Anthracine	Matches (store wholesale)	Shoddy Spirits
Albo-carbon	Mineral oil and their liquid products	(not rectified)
Disulphide of Carbon	Mungo	Sulphur
Brimestone	Naphitha	Tallow
Calcium Carbide	Nirates and Chlorates of Soda and Potash	Tar
Camphine	Pitch	Turpentine
Celluloid	Rags	Varnish
Fire Lighters	Resin	Vegetable Black
Fireworks	Robber in Gutta Percha	Vegetable Fibres and
Gunpowder and other explosives	Solution	Grasses
Lampolack	Salpetere	Waste (Textile Mill)
Liquid Acetylene	Wood Spirit	of all Kinds

10. Have you ever suffered any loss by fire?

YES

NO

If "yes" give details:

11. Has any insurance company ever cancelled, refused to renew or accept your business only on special terms?

YES

NO

If yes, please give details:

12. Is the property proposed for insurance already insured with another company?

YES

NO

If yes, please give details:

13. Is your property subject to a mortgage?

YES

NO

If yes, please give details:

14. Do you wish to extend this insurance to cover loss or damage caused by (Please tick):

- | | | | |
|---------------|------------|--------------|-------------|
| a. Earthquake | b. Tornado | c. Explosion | d. Aircraft |
| e. Impact | f. Flood | g. Storm | |

15. Period of Insurance:

From:

To:

DECLARATION

In addition to any other details supplied to Activa International Insurance Co (Lib) Ltd, I/We, the undersigned, declare that to the best of my/our knowledge and belief the information given by me/us is true and complete and that all material information has been disclosed and I/we agree that this application shall be the basis of the contract between me/us and Activa. I/We understand and accept that Activa reserves the right to accept or reject a proposal at their discretion. I/We will give notice to Activa of any change in the information relating to the insured, as stated above. I/We agree to accept a policy in Activa's usual form for this class of insurance and pay the premium thereon.

SIGNATURE:

DATE:

NAME:

AGENCY: